



Commission on Improving the Status of Children in Indiana

Meeting Minutes

Commission on Improving the Status of Children in Indiana

Tuesday, December 15, 2020

Zoom Meeting

- Christine Blessinger, Director, Division of Youth Services, Department of Correction
 - Dr. Kris Box, Indiana State Health Commissioner, Indiana State Department of Health
 - Senator Jean Breaux
 - Jay Chaudhary, Director, Division of Mental Health and Addiction
 - Bernice Corley, Executive Director, Public Defender Council
 - Representative Dale DeVon
 - Senator Stacey Donato
 - Justin Forkner, Chief Administrative Officer, Indiana Office of Judicial Administration
 - John Hammond IV, Office of the Governor
 - Curtis T. Hill, Indiana Attorney General (non-voting member)
 - Zac Jackson, Director, State Budget Agency
 - Susan Lightfoot, Chief Probation Officer, Henry County Probation Department
 - Dr. Jennifer McCormick, Superintendent of Public Instruction, Indiana Department of Education
 - Chris Naylor, Executive Director, Indiana Prosecuting Attorneys Council
 - Justice Loretta Rush, Chief Justice of Indiana
 - Terry Stigdon, Director, Indiana Department of Child Services
 - Dr. Jennifer Sullivan, M.D., Secretary, Indiana Family and Social Services Administration
 - Representative Vanessa Summers
1. Welcome and Introductions
Representative Dale DeVon called the meeting to order at 10:02 and welcomed all Commission members and guests.
 2. Consent Agenda
Action: The consent agenda, including the minutes of the October meeting and Task Force and Committee appointments, was moved by Terry Stigdon, seconded by Chief Justice Rush, and approved by a vote of 9-0.

3. Strategic Priority: Mental Health and Substance Abuse

a. **Presentation by David Berman, Mental Health America of Indiana – Data Showing the Current Mental Health in Indiana**

Presentation can be found on slides 4-22 of the [meeting PowerPoint](#). Indiana's suicide mortality rate has been higher than the national average since 1996. 2017 rates are the highest in five decades. Black suicide rate has increased by 56% and is higher than the national average by 22%. Indiana youth ages 15-24 suicide has been higher than the national average since 1990. There is a 234% increase between the years 1968 – 2018. Youth 13-24 is the demographic with the highest volume of calls to Indiana suicide hotlines. A screening tool was launched in 2014 and it utilizes leading mental health care researchers across the country. This screening tool is the most widely used online screening tool. It is anonymous, free, and confidential, and all data is deidentified. Once an individual takes the screening, they get a series of next steps which provide additional information, including worksheets, tools, and apps, as well as access to peers, and referrals to care and services. The top three screenings are depression, bipolar disorder, and anxiety. Screenings include a level of severity. 11-24 years old comprise 35% of all screenings. Since Covid-19 the screenings have increased. Most of the individuals screening themselves are reporting no further intention for help seeking.

Discussion:

- If there is no intention to seek further help why are they self-reporting?
 - o The screenings ask people what their next steps will be, and this is the trend we are seeing. People recognize something is wrong, take an initial step to seek more information, but don't intend to seek further help.
- What are other states doing?
 - o David Berman would be happy to compile a report of what other states are doing. All information came from the CDC and David can pull other states' information.
- What is contributing to the increase in those numbers?
 - o Indiana has a wide gap in services that are available, individuals that are in need of services, and mental health care providers, specifically for youth. There are wait lists for services at Community Mental Health Centers, not enough counselors in schools.
 - o Seasonal affective disorder and grayness exacerbates preexisting mental health conditions. Indiana is one of the grayest states in the nation.

b. **Presentation by Stephanie Lyons – Mental Health Workforce Findings and Recommendation**

Presentation can be found on slides 24-37 of the [meeting PowerPoint](#). The Task Force is recommending [amendments to the Licensed Addiction Counselor and Licensed Clinical Addiction Counselor Requirements](#). There is a shortage of qualified, licensed addictions clinicians in the State of Indiana. There are unnecessary barriers in the Indiana Code restricting applicants from applying and supervisors taking on this role. There are inconsistencies between the Indiana Code, Indiana Administrative Code, and the LAC and LCAC information and instructions documents. Alumni who decide after graduation to obtain the LCAC are unable to do so because of the differing MSW practicum requirements.

Discussion:

- What's the trade-off?
 - o There is no trade-off, only making the licensing requirements align.

Action: Jay Chaudhary moved to approve the recommendation, Terry Stigdon seconded, and the motion passed 11-0.

c. **Presentation by Jason Murrey and David Berman – Suicide Prevention Gap Analysis, Findings and Recommendations**

Presentation can be found on slides 39-58 of the [meeting PowerPoint](#). The Suicide Prevention Gap Analysis subcommittee was formed in 2019. This subcommittee's tasks were to identify policy and service needs related to youth suicide prevention in Indiana, put together a list of recommendations, and whittle them down with input from numerous lead suicide prevention entities in Indiana and several state suicide prevention coordinators from across the country.

Recommendation 1 is [suicide prevention training in higher education curriculum](#). Current suicide prevention training is extremely inadequate. American Association of Suicidology is who everyone looks at regarding suicide prevention. The recommendation is to legislatively mandate training on screening for suicide risk and implementation of appropriate intervention practices in the preprofessional schooling programs for social work, education, and all healthcare professions.

- To clarify, would it be people going to become social work or health care professions like a school nurse?
 - o Yes, we would love to see some kind of 2-hour training at all bachelors levels as a part of the general education, but right now the recommendation is just social work, education and all health care professions. Those are the ones who are seeing Hoosiers that are in crisis. Teachers, superintendents, administrators, if you're getting it through the school of education you need to have suicide prevention training.
- Would this be added to credit hours or in lieu of ?
 - o We are hoping that it will be instead of. It would be a 2-hour training that would take up one or two class sessions.

Action: Bernice Corley moved to approve the recommendation; Senator Breaux seconded. The motion passed 11-0.

Recommendation 2 pertains to the [Youth Risk Behavior Surveillance System \(YRBSS\)](#). The Youth Risk Behavior Surveillance System (YRBSS) is an anonymous school-based survey that collects deidentified data about six categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults. The latest data from Indiana comes from 2015. The CDC offers \$250+ million in federal grants, and Indiana competes with all the other states that have YRBSS data in their application. Indiana has not been selected to receive grant money from the CDC due to this lack of data. These funds are what will assist us with building out the community mental health centers, bringing school based mental health services, and crisis response services. The recommendation is to legislatively mandate that schools selected by the CDC participate in the YRBSS every 2 years (alternating with the Indiana Youth Survey).

- Senator Breaux has tried to get a YRBSS survey required in the schools. The Governor tried to require all schools participate but there was pushback due to some of the questions on the survey.
 - o The subcommittee knows that trying to get all schools to do it did not go through last time. That is why the committee is asking for just those schools selected by the CDC to comply.
- How do other states address parents being uncomfortable with their kids answering these questions? Are there suggestions for getting around that?
 - o It is a voluntary survey. Anyone can opt out and/or opt out of answering any of the questions. That does not affect the validity of our numbers. The issue is that the schools aren't even administering the surveys. The parent participation is less of an issue than the lack of participation from the schools.

Action: Senator Breaux moved to approve the recommendation; Bernice Corley seconded. The motion passed 11-0.

Recommendation 3 is [Coordinated Crisis Response](#). Indiana lost one hub of five for the state's National Suicide Prevention Lifeline in March of 2020. There will be an increase of usage once transitioned to 988. Coordinated Crisis Response has a potential for significant cost savings. The recommendation is to advocate for a comprehensive and integrated crisis network including sufficient infrastructure for

statewide crisis call centers coordinating in real time, centrally deployed, 24/7 mobile crisis, and 24-hour crisis receiving and stabilization programs.

Action: Representative Summers moved to approve the recommendation; Senator Breaux seconded. The motion passed 11-0.

Recommendation 4 is [Ensuring Prioritization of Mental Health](#). The recommendation is to advocate for Mental Health Programs and Awareness, and Suicide Prevention to be prioritized across all branches of state government.

Action: Bernice Corley moved to approve the recommendation; Senator Donato seconded. The motion passed 11-0.

d. Presentation by Jennifer Tackitt-Dorfmeier and Sirrilla Blackmon – Update on Mobile Response Stabilization Services, Data Report

Presentation can be found on slides 60-76 of the [meeting PowerPoint](#). Mobile Response Services are a vehicle in order to provide mental or behavioral health services to youth and families that are self-identified in crisis or has been identified by a school, law enforcement as needing some support. The subcommittee built a representative membership and accomplished the following : reviewed several Indiana mobile response programs, examined Medicaid claims data for a period from 2014 through 2018 which provided a preliminary overview of the issues of youth presenting in the Emergency Department, and developed and distributed a statewide survey that reviewed the interest around a mobile response program for Indiana.

Recommendation 1 is to request OMPP to conduct a deeper dive regarding cost and care utilization for Indiana children who experience crisis and have intensive needs. This would include all insurers – Medicaid, Medicare and Commercial.

Recommendation 2 is to garner cross-state agency commitment and collaboration in the development of the state’s crisis continuum.

Recommendation 3 is to engage one of the Managed Care Entities to pilot MRSS for their members.

Recommendation 4 is to partner with local organizations to plan implementation, including addressing unique needs for people of color and immigrant populations.

Recommendation 5 is an Indiana team to engage in technical support from National Association of State Mental Health Program Directors and other states. Currently there are multiple successful MRSS programs across the country nearby states include: Illinois, Ohio, Wisconsin, Kentucky, and Tennessee.

All [five recommendations pertaining to MRSS](#) were presented and voted on together.

Action: Senator Breaux moved to approve the recommendations; Jay Chaudhary seconded. The motion passed 11-0.

4. Equity, Inclusion, and Cultural Competence

a. Presentation by Calvin Roberson and Marshawn Wolley – Setting Up a Chief Equity Officer for Success

Presentation can be found on slides 78-86 of the [meeting PowerPoint](#). The [recommendation is to consider the adoption of a framework](#) whereby entities (departments and/or corporations) develop selection [criteria for staff leading equity initiatives](#). The recommendation objectives are to provide protective factors to ensure successful equity integration, identify essential skills that the leader(s) should have or develop as they are collaboratively working with entity leadership and staff to best integrate equity principles into practice, provide tools for entities (departments and corporations) to use to evaluate their current and progressive status towards becoming an equity friendly entity. The recommendation is to dedicate part of the budget to support equity initiatives (training, entity events, etc.), institute an equity team and organizational campaign, and Equity Leader reports directly to

President/CEO, Executive Director, or equivalent. Mr. Wolley reviewed some of the skills and characteristics recommended for an equity leader, and Mr. Roberson reviewed one of the tools included in the resources packet.

b. Presentation by Latrece Thompson – Curriculum and Training Resources for Equity, Inclusion, and Cultural Competence

The Curriculum subcommittee [recommends the adoption](#) of an [Equity Curriculum Resource Guide](#), which was created using an [evaluation rubric](#) to assess available trainings in the areas of equity, inclusion and cultural competence. Key terms were identified to start looking at resources to gather for training purposes, and those key terms included implicit bias, cultural competency, racial equity, disparity, disproportionality, inclusion, and looked at resources relating to LGBTQ+ and disability. Using the key terms, the subcommittee developed a rubric. The subcommittee used the rubric to score the resources gathered to look at appropriateness, effectiveness, clarity and adaptability.

- How will these be adopted, and people be aware that these are resources that they can use?
 - o The plan would be to work with the Communications Committee of the Commission which includes the Communications Director to all the different state agencies represented on the Commission to try to help communicate these out internally to get these out within their own organizations, they will go on the Commissions website, they will go out on the email update Julie Whitman does after every Commission meeting, and then those who know about it will hopefully spread the word as well.
- Can it be tied to the Commission’s App?
 - o Julie Whitman will look into that.

Action: Bernice Corley moved to adopt both Equity tools; Justin Forkner seconded. The motion passed 11-0.

5. Executive Director and Committee Updates

In the meeting packet is the meeting dates for 2021. Next year is the Executive Branch’s turn to chair the Commission. John Hammond will be the Commission’s Chair. He has approved these meeting dates. There is a report based on the Youth Engagement Summit on the website. The Child Services Oversight Committee will be meeting this Friday from 9 a.m. till 11 a.m. taking place via Zoom.

- Did we vote on the two youth joining the Commission and if so when will we take action?
 - o Yes, there was a general consensus with moving forward and having Representative DeVon filing a bill.
- So that will be going on the legislative session so maybe by middle of summer we’ll have those youth? Can we do anything ahead of time to start the screening process?
 - o Julie Whitman had a talk with John Hammond on that subject. If the legislation looks like it’s moving, there is no reason why not to move forward with creating a selection process.

6. Commission Members Legislative Preview

Looking at putting a DCS Hotline in all the classrooms. There are a few different posters with the numbers on it all over the state but unaware if they are in public areas in schools where youth can have access to them. Senator Breaux is working with some of the youth from the engagement summit to get a bill drafted on providing financial literacy which should include not only the basics of how to open and manage an account but also how to access state services like HIP, SNAP, and how to fill out a college application and FAFSA.

7. Discussion: Future Meeting Topics or other items from Commission Members: No additional topics were raised.

8. Next Meeting: February 17, 2020 10am – 12pm